Priority Project Criteria
Policy Priorities Survey

2. The Board has established the following criteria for evaluating possible priority projects.

- **Does the issue involve multiple agencies?**
- **Will there be measurable outcomes as a result of the work?**
- **What is the prevalence and severity of the health threat and are interventions available?**
- **What is the level of awareness and readiness on the part of the public, politicians, and professionals to deal with the issue?**
- **Is the work statewide in scope?**
- **Does the Board have statutory authority to deal with the issue?**
- **Are there sufficient resources to tackle the issue?**
- **Does the Board have a potentially unique role in dealing with this issue or would it be more appropriate for another agency to take the lead?**

Is this the right list of criteria?

- Some issues may not be the same statewide; for example, high incidence of problems in migrant work camps, diabetes rates in API communities, meth labs in rural areas.
- Most of the list is appropriate. However, I don't believe that lack of readiness or awareness of the public should discourage the Board's willingness to take an issue on. The Board could start an intervention at the level of an awareness campaign to get the public to a point of readiness. That, in my opinion, is part of your duties.
- I would separate the severity of health threat and interventions available. These criteria are too important (probably the top two) to be lumped together. Also, the measurable outcomes are questionable. Something may be important from a public health standpoint but may not be measurable. That doesn't mean we shouldn't try or do something.
- What is the level of awareness and readiness on the part of the public, politicians, and professionals to deal with the issue? Are there sufficient resources to tackle the issue? I think these are important considerations, but many worthwhile issues would still have an answer of "no" to these questions.
- Measurable is good but is not sufficient. There are many issues that are very important and not easily or accurately measurable. You cannot substitute good judgment for numbers in many cases.
- We often don't have measurable outcomes for the work we do in Public Health in some areas so I wouldn't hold that criteria as high as being able to identify contribution to the health of the population or something in that realm.
- However, I would encourage the Board to place minimum weight on whether there are sufficient resources to tackle the issue. There are almost always enough resources if something can be shown to be such a high priority that it justifies reallocation of resources.

  I also strongly suggest splitting out prevalence/severity of threat and the question of available interventions. These are two separate criteria.
- The statements that it involves multiple agencies and is statewide in scope seem contradictory. Would an issue have to be statewide and not just regional in order to be considered?

3. Are there other criteria you would add?

- Ability to involve local participation.
- I would add the question of whether the proposed approach increases community capacity (institute of medicine definition).
- Training/workshops.
- Does the issue affect underserved or high-needs communities? Will the initiative benefit these communities as well as the mainstream public?
- What is the impact if the issue is not addressed?
- What level of prevention is being addressed by the project? (As far "upstream" as possible.)
- I would just focus on burden-of-suffering/morbidity/mortality; statutory authority; non-duplication; and statewide relevance.
- Is the issue of basic importance to our population?
- I would suggest weighting these criteria rather than giving them all equal weight. For instance, I would give a very high weight to prevalence and severity of threat.
- No
- No. It appears to be pretty inclusive.
- I might structure the bullet around resources to include the cost effectiveness of projects.